

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031559

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160Primary Registration District No. 3030Registrar's No. 119

FILED AUG 16 1962

## 1. PLACE OF DEATH

a. COUNTY JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN FestusLength of stay in 1b  
43c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 320N-7thInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY JEFFERSON

c. CITY OR TOWN FESTUS, MO.

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
320N-7thReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EDWARD

A.

BECKEMEYER

## 4. DATE OF DEATH

Month

Day

Year

8/8/62

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1/23/829. AGE (last birthday)  
80IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
RETIRED10b. KIND OF BUSINESS OR INDUSTRY  
PITTSBURGH PLATE11. BIRTHPLACE (City and state or country)  
BLOOMSDALE MO.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

WILLIAM BECKEMEYER

## 13b. MOTHER'S MAIDEN NAME

MARTHA LUTMAN

## 14. NAME OF HUSBAND OR WIFE

ROSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO16. SOCIAL SECURITY NO.  
NONE

## 17. INFORMANT

Address

Mrs EDWARD BECKEMEYER FESTUS

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
4 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriooclerotic heart disease

6 wks +

DUE TO (c) Hypertension--Essential

6 wks +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N: ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 27, 1962 to August 8, 1962 and last saw him alive on June 29, 1962

Death occurred at 8:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

John F. Rutledge

M.D.

Manns Bldg., Festus, Mo.

8/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

8/10/62

## 23c. NAME OF CEMETERY OR CREMATORY

GAMER CEMETERY

## 23d. LOCATION (City, town, or county)

FESTUS, MISSOURI

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Gentry R. Politte, Crystal City, Mo. 8-10-62

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/590506  
0506

3

4 0

5 1

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7 0

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9 420.1

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11

12 90-0

13 1-0

JAN 15 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision. -----

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

\_\_\_\_\_  
Licensed Embalmer No. 3481

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.